



**STATE OF TENNESSEE  
ALCOHOLIC BEVERAGE COMMISSION**

Davy Crockett Tower  
500 James Robertson Parkway, 3<sup>rd</sup> Floor  
Nashville, TN 37243  
615-741-1602

4420 Whittle Springs Road  
Knoxville, TN 37917  
865-594-6342

One Commerce Square  
40 South Main Street  
4<sup>th</sup> Floor, Suite 415  
Memphis, TN 38103  
901-543-7284

540 McCallie Avenue, Suite 341  
Chattanooga, TN 37402-2055  
423-634-6434



PERMIT NO. \_\_\_\_\_

DATE ISSUED \_\_\_\_\_

COST OF PERMIT

5 YR. - \$50.00

[www.tn.gov/abc](http://www.tn.gov/abc)

**APPLICATION FOR DELIVERY EMPLOYEE'S PERMIT  
Money Order or Cashier's Check ONLY**

Date: \_\_\_\_\_, 20\_\_\_\_

Name of Applicant \_\_\_\_\_ Phone \_\_\_\_\_

Home Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Race \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_ City/State of Birth \_\_\_\_\_

Driver's License # \_\_\_\_\_ State Issued \_\_\_\_\_ Social Security # \_\_\_\_\_

Email Address: \_\_\_\_\_ County \_\_\_\_\_

Delivery Service Employer \_\_\_\_\_ Your Motor VIN & Tag \_\_\_\_\_

**Each Question Must Be Fully Answered**

1. Are you a United States Citizen: Yes \_\_\_\_\_ No \_\_\_\_\_

All applicants must complete form AB-0116-Declaration of Citizenship

2. Have you been convicted of any felony in the past five (5) years? \_\_\_\_\_

Have you been convicted of any crime involving the sale or distribution of alcoholic beverages and/or beer within the previous eight (8) years? \_\_\_\_\_

Are you currently on probation or Judicial Diversion for any of the convictions above? \_\_\_\_\_

Please furnish your multistate criminal background check prepared by a multistate criminal records locator or other similar commercial nationwide database with validation of any felony in the past five (5) years and any crime involving the sale or distribution of alcoholic beverages and/or beer within the previous eight (8) years.

3. State your interest (financial, stock ownership, loans, gifts, guarantor of loans, or otherwise) in the above named business.

\_\_\_\_\_

4. Give name, address and type of business of last three places you have been employed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Give the name and address of each place you are currently employed:

\_\_\_\_\_

6. Do you have any relatives employed by the Tennessee Alcoholic Beverage Commission? \_\_\_\_\_

7. List all names you have used, including maiden name, nicknames or any other names by which you have been known. \_\_\_\_\_

8. Please provide (on a separate sheet, if necessary, and made a part hereto this application) the information of the motor vehicle(s) [mv] you will be utilizing in the delivery service's business, including (a) address where said mv is principally garaged, (b)mv identification number, (c) state and county of mv registration, (d) mv tag number and state, (e) mv make, (f) mv model, (g) proof of liability insurance and if owned or leased (a) owner or lessor's name and address. This list is subject to applicant supplementation with changes made in motor vehicles used in the delivery service's business.

WARNING: "YOUR STATEMENT IS MADE UNDER OATH OR AFFIRMATION. PROVIDING OR INCOMPLETE INFORMATION ARE GROUNDS FOR REJECTION OF APPLICATION OR SUSPENSION OR REVOCATION OF PERMIT IF ISSUED. FALSE STATEMENTS OR INCOMPLETE INFORMATION ARE ALSO SUBJECT TO THE PENALTIES OF PERJURY UNDER TENNESSEE LAW"

All data, written statements, affidavits, evidence or their documents submitted in support hereof, or upon bearing hereon, shall be deemed to be a part of this application.

\* "THE ACCEPTANCE OF FEES DOES NOT GUARANTEE THE ISSUANCE OF A LICENSE OR PERMIT" \*

Application authorized by \_\_\_\_\_

Print Name, Applicant

\_\_\_\_\_  
Signature, Applicant

Subscribed and sworn to before me this day \_\_\_\_\_ of 20 \_\_\_\_\_

My Commission Expires \_\_\_\_\_

\_\_\_\_\_  
Notary Public

Notary Seal

For TABC Validation ONLY

The State of Tennessee and the Tennessee Alcoholic Beverage Commission are Equal Opportunity Employers. Discrimination, in any of its practices, which is based on age, race, sex, color, religion, national origin, disabling condition or any other nonmerit factor is prohibited. Thus, the Tennessee Alcoholic Beverage Commission is an equal opportunity, equal access, affirmative action public entity.

FOR ADDITIONAL INFORMATION:

Contact the agency ADA Coordinator for this state agency: Assistant Director at 615-741-1602 or the Tennessee Office of Americans with Disabilities, Department of Personnel. Alternate formats of this notice are available on request.